

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5		1				
6	1					
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		1				
14	1					
15	1					
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49						
50						
TOTAL IND.	9		↓		↓	
TOTAL DEP.	10		↓		↓	
TOTAL CLAIMS	19		↓		↓	

*	IND.	DEP.	*	IND.	DEP.	*
51						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			↓		↓	
TOTAL CLAIMS			↓		↓	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS